

**PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE**

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Wednesday, May 27, 2009 in Room 200 of the Northern Building – 305 East Walnut Street, Green Bay, Wisconsin

Present: Jesse Brunette, Pat Evans, Steve Fewell, Julie Knier, Rich Langan, Pat LaViolette, Tom Lund.
Also Present: Carole Andrews, Tom Eggebrecht, Judy Friedrich, Tom Hinz, Denver Johnson, Mary Kennedy, Debbie Klarkowski, Barb Natelle, Other Interested Parties.

I. **Call Meeting to Order:**

The meeting was called to order by Chairman Pat Evans 6:06 p.m.

II. **Approve/Modify Agenda:**

Motion made by Supervisor LaViolette and seconded by Supervisor Fewell to approve. MOTION APPROVED UNANIMOUSLY.

III **Approve/Modify Minutes of April 22, 2009:**

Motion made by Supervisor Brunette and seconded by Supervisor Lund to approve. MOTION APPROVED UNANIMOUSLY.

Comments from Public/Such Other Matters as Authorized by Law: None.

Report from Human Services Chair, Patrick Evans:

1. **Review Minutes of:**

- a. **Ageing & Disability Resource Center Board (4/23/09)**
- b. **Veterans' Recognition Sub-Committee (5/12/09)**
- c. **Homeless Issues & Affordable Housing Subcommittee (4/14/09):**

Motion made by Supervisor Fewell and seconded by Supervisor Lund to receive and place on file 1a, b, & c. MOTION APPROVED UNANIMOUSLY.

Syble Hopp School

2. 2010 Budget Form:

Barb Natelle, Administrator, distributed the 2008-2009 Yearbook. (Copy filed in County Clerk's Office.) Ms. Natelle stated that the fiscal year is July 1 to June 30.

Ms. Natelle reported that revenue is always an issue and that a \$20,000 decrease is expected in State Aid for Brown County. Chair Evans asked if there was stimulus money available; Ms. Natelle stated that there may be stimulus money available through the school district.

Supervisor LaViolette commended Ms. Natelle for the outstanding job she does.

Motion made by Supervisor LaViolette and seconded by Supervisor Fewell to approve. MOTION APPROVED UNANIMOUSLY.

Supervisor LaViolette asked County Executive Tom Hinz to present an update of the status of stimulus funds at each of the County Board Meetings.

Health Department:

3. Request for Budget Transfer (#09-27)—Change in any item within Outlay account which requires the transfer of funds from any other major budget category or the transfer of Outlay funds to another major budget category: Transfer \$23,000 from Health Grant Reserves to Capital Outlay for the purchase and installation of 6 cubicle units:

Judy Friederichs, Health Director, stated that this is for the move of regional preparedness staff from the Extension Building.

Motion made by Supervisor Fewell and seconded by Supervisor LaViolette to approve. MOTION APPROVED UNANIMOUSLY.

4. Update on Novel H1N1 Influenza A:

Ms. Friederichs distributed and reviewed a handout (copy attached). Supervisor LaViolette stated that Ms. Friederichs did a good job handling this with the media. Supervisor Langan complimented Ms. Friederichs and said the media contact was calm, informative, confident, and in control.

Motion made by Supervisor Fewell and seconded by Supervisor Lund to receive and place on file. MOTION APPROVED UNANIMOUSLY.

5. Budget Status & Financial Report (February, March, and April, 2009):

Motion made by Supervisor LaViolette and seconded by Supervisor Knier to receive and place on file. MOTION APPROVED UNANIMOUSLY.

6. Director's Report:

Motion made by Supervisor Fewell and seconded by Supervisor LaViolette to receive and place on file. MOTION APPROVED UNANIMOUSLY.

Aging & Disability Resource Center:

7. Revenue & Expense Report (4/30/09):

Motion made by Supervisor Lund and seconded by Supervisor Langan to approve. MOTION APPROVED UNANIMOUSLY.

Human Services Dept.

8. Approval of NEW Family Care Plan:

Tom Eggebrecht, Interim Human Services Director, introduced Mary Kennedy, Project Manager for the NE Wisconsin Long-Term Care Consortium.

Mr. Eggebrecht explained that Family Care is the State's plan for the revision of long-term care services in Wisconsin, which will involve the discontinuation of current long-term care services within County systems. He stated that Brown County is not obligated to "be a player" under Family Care; there is the potential for private corporations to take over management of that system.

Mr. Eggebrecht stated that previously the Committee indicated an interest in partnering with surrounding counties to apply to the State to operate Family Care under a managed care model. He said the State has recently indicated the willingness to grant approximately \$400,000 to help implement the long-term care district in Northeast Wisconsin during the next 2 years. He opined that the receipt of those funds moves Brown County into the position of needing to clarify its intent.

Mr. Eggebrecht noted that one of the strong desires expressed by the "planning partners" is that each partner (county) would have equal voice and equal representation. Therefore, he stated that he would like to have some confidence that Brown County Board of Supervisors understands this concept; is willing to embrace this concept; and wants to move forward.

Mr. Eggebrecht reported that he asked Ms. Kennedy to be present to be a voice for some of the other county partners; and Supervisors Langan and Knier could report some of the commentary they had heard at meetings.

Supervisor Langan stated that either Brown County joins this consortium, or a private organization will provide the long-term care services. He continued by saying private means profit; and profit means minimum of service, maximum of profit. He stated that with this consortium, there will be no county lines; this will be its own "quasi governmental organization," which will have no responsibilities to report to any County Boards nor will it be able to ask for money from any other County Boards. He stated that there is no difference in cost to Brown County.

Concerning the formation of a board, Supervisor Langan opined that Brown County does not need a proportional board: Other counties would not have hospitals and services like Brown County; so this long-term care district would purchase services from Brown County. The plan for a nine-person board currently exists: one person per county and three consumers of this service. He went on to say that by state statute 40 percent of the board members must be consumers; and he wants professionals on this board who understand healthcare and the needs of the elderly, instead of politicians. Also according to state statute, debts incurred by the long-term care district are not the obligation of any county.

Supervisor Langan made reference to the \$400,000. He stated there should be one or two supervisors from each county who have the authority of their county to accept this money and then to hire a director of the long-term care district. Once the director is hired, it is up to the director to start formulating plans. Then, the board and district is established, and this is its own separate, standing "corporation." He stated he firmly supports the formation of the long-term care district.

Supervisor LaViolette thanked Mr. Eggebrecht and asked who originated this concept and whether the purpose was to save money; because she was concerned that this would be another "level of bureaucracy." Ms. Kennedy responded that even though she preferred a totally county-based system, realistically that was not an option because of the size of most counties. Ms. Kennedy stated that the drafting of the statute came from Wisconsin Counties Association, with the intent of providing counties a way of being part of the system and continuing to have this be a quasi governmental organization. In this way, there would be public accountability, open board meetings, minutes, etc.; and it was felt that this would be a way to provide family care within the restrictions established by the state. Ms. Kennedy stated that this is the only alternative that counties have right now unless the county wanted to be "at risk" financially for the entire system. Ms. Kennedy went on to say that given the opportunity to

be at risk or not at risk, every county that has gone with the multi-county organization has gone with the district model; because that model creates a firewall between the county and the district, relieving the county of financial risk.

Supervisor LaViolette stated that she thinks this model benefits smaller counties, but not larger counties. Then she asked how a person would access long-term care. Ms. Kennedy stated that Brown County has an Aging and Disability Resource Center that would conduct the state-wide screening to determine eligibility. If a person is determined to be eligible, a referral would be made; the district would receive an increase in its contract from the state, as well as the person's enrollment in long-term care, and a per-member per-month payment to the district. The district creates a provider network and arranges case management assistance to access the needed services. When Supervisor LaViolette asked if additional staff would be needed, Mr. Eggebrecht stated that it is hoped that Brown County's case management staff, as an example, would continue to perform under contract to the district vs. the current contract to the State of Wisconsin. He thinks the district in all likelihood will have to hire many people to work with the current personnel to deliver services.

Supervisor Lund stated that "whether it is state taxes or local taxes, you still pay. I mean it doesn't cost less for citizens of Brown County. It's a wash." When Mr. Eggebrecht pointed out the reduction in levy, Supervisor Lund reiterated that someone still would have to pay for it.

Supervisor Fewell stated that he sees the advantages but this approach feels like it is "getting shoved down our throats." He stated that the way this district would save money is in a managed care system, when purchases are in huge volumes and some controls can be exercised. He also stated that he wants Brown County to have as much control as possible and does not want services dictated by another organization. He expressed concern about partnering with only smaller counties and asked why Winnebago and Outagamie were not included. Ms. Kennedy stated that originally there were 12 counties, but it was decided that this would be too large. Since Fond du Lac County already offered Family Care, Winnebago County and Manitowoc County decided to join Fond du Lac. Calumet, Outagamie, and Waupaca Counties have decided to go with a private agency.

Supervisor Fewell expressed concern about who would be representing Brown County. He also said he is "not so sold on any fire wall that the state has." He expressed concern that the state would take more state aid, which could cause a budget gap on the County's side, and that the state could figure a way to take more revenue from the County to pay for Family Care. However, he said he doesn't really think there is a choice.

Supervisor Langan stated that he thinks "the state is shoving it down all our throats. (Brown County does not) have control over this." He agreed with Supervisor Fewell's concerns. Supervisor Knier stated that Brown County is "an administrative arm of the state" and that this is the role of Brown County.

Supervisor Lund stated that he would support joining this consortium, because at least there would be a board established. He said the other choice would be a private organization, which means any complaints would go through the state and not local officials. He also said, "Don't think that they're stopping here. If this is successful, they'll take more. There will be less accountability for local officials."

When Supervisor Burnette asked whether the Family Care Plan was being put on hold, Ms Kennedy stated that some thought was given to putting this on hold a while back. However, the governor's budget continues the expansion of Family Care. She stated that the reason for this expansion is that it is anticipated that Family Care will be able to reduce Medical Assistance cost, particularly in Outagamie, Winnebago, and Dane counties where Medical Assistance costs are the highest.

Supervisor Brunette stated that when the State dictates to the County, it is such a huge concern to him right now. He continued that if the County performed like the State and had the size of budget gap that the State has, the public would not trust the County. He stated that he understands the equal representation stance for all counties; but since Brown County has the largest population, he would prefer more representation for the residents of Brown County.

Mr. Eggebrecht said that since the State has been marketing this system as a money-saver, it is difficult to step back from it now. He stated that the plan is for full state implementation by 2011; and this is going to move forward.

Concerning the representation issue, Mr. Eggebrecht said that at the end of the day what the district will look at is consumer satisfaction, meeting State contract standards, making certain that the district is solvent, and making certain that a good provider network is in place. He stated that it is difficult to conceive that we as a County want anything different than what other counties want; it is basically consumer-based, values-driven supervision at that point. He expressed a concern that with proportional representation the smaller counties would not feel that they have a voice and would not, therefore, even try to participate. He also indicated a concern that if Brown County does not enter into this in a spirit of cooperation, it may not move forward; and then by default Brown County will be in the position of not having control of that development.

Ms. Kennedy stated that another issue that has not been discussed is the wait list: "Everybody on the wait list will be served in this new system within the first 3 years." She went on to say that in Brown County there are about 748 people on the wait list; and people who would not get services otherwise will receive services. She stated that she wanted the State to just fund the counties better, but those who wanted that have accepted the fact that managed care does save cost and that a regional system is needed to make that happen.

Supervisor LaViolette stated that she would have preferred that the State had taken Ms. Kennedy's suggestion and funded the counties better.

Supervisor LaViolette stated that she understands Supervisor Brunette's view on more representation for Brown County; however, it has been her experience that that does not always work.

Supervisor Andrews referenced the FoxComm Board and expressed concern with the equal representation format. She stated that she would not want to see Brown County having equal representation on the board and yet paying the bulk of the costs. Ms. Kennedy and Supervisor Langan both stated that this was completely different. Mr. Eggebrecht stated that he understood that Brown County had contributed a large share of money for the operational expense of FoxComm; however, under this model levy contribution goes away. There is a 5-year buy-down plan; and at the end of 5 years, local units of government will not be allocating levy toward the operations. It will be funded through State and Federal revenues.

Supervisor Andrews asked whether Brown County would see a reduction in the number of people served compared to other counties. Mr. Eggebrecht stated that everyone who applies at an ADRC and is screened for eligibility and found to be functionally and financially eligible will be entitled to access service; therefore, Brown County will, by default, be serving the vast majority of consumers under Family Care. He thinks Brown County would see a financial benefit; because Brown County is rich in terms of service venues, people from other counties would come to Green Bay and bring those "entitlement dollars" with them.

Supervisor Knier stated that one thing to stress to constituents is that this will eliminate the waiting list; therefore, if you have people already on waiting lists to get into assisted living facilities, etc., that waiting list will go away. Supervisor Langan added "within 3 years."

Supervisor Evans asked how you buy down this waiting list; he stated that there are many reasons for waiting lists such as money and provider access. Supervisor Knier said the main reason for having people on waiting lists is money. Supervisor Evans asked then would those

additional funds come from the State. Supervisor Langan stated that he spoke with a nurse and social worker in the Milwaukee Family Care District and was told that Milwaukee has successfully been able to remove everyone from the waiting list. He also stated that this nurse/social worker was "tickled pink" with this; he was told that this is much fairer because everyone gets a managed amount of services.

Ms. Kennedy stated that it seems hard to understand how additional people can be serviced and at the same time reduce costs. She explained that in the current system if you cannot get services from the County (because the County is underfunded) people can go into a nursing home and have Medical Assistance pay the full cost. However, had the County been able to serve them, the person might have been served at a significantly reduced cost by going to assisted living for example.

Supervisor Fewell stated that the cost of nursing home care is about \$70-80,000 per year, whereas CBRF care is about \$25-30,000. So for those people on a waiting list who have spent their funds in a CBRF, their only option may be going into a nursing home. Supervisor Fewell stated that there are other counties that would not want Brown County to control the Family Care Plan, which would occur with proportional representation.

Supervisor Langan stated that if Brown County does not join a long-term care district and a private company performs these services, then Brown County will be laying off many people. He further stated that the citizens in smaller counties will hopefully buy services from providers in Brown County.

When asked if the district would have to hire union employees, Ms. Kennedy stated that if the district hires a person who worked for a County, the district must honor the wage and benefits that that employee had under his/or previous bargaining unit until the agreement expired. So it actually gives the union a "foot in the door." However, she understands that the plan right now is that Brown County would continue to provide care management under contract with the district until employees have "attritioned out of County employment." She stated that there are a couple of reasons for doing that: (1) If a huge number of employees were laid off, there would be "bumping" throughout the agency, which would create major disruption; and (2) There would be unemployment and other issues. She continued by saying that this is how it has been handled in most other counties until such time as those persons can become district employees. After Supervisor Fewell stated that he had never seen unionized healthcare to be cheaper, Supervisor Lund pointed out that those persons are still a member of the union so you would either have to bargain with them or get rid of them. He stated that it will be very difficult to get rid of the union; so if the County employees are hired it is likely that the district

will be union. Supervisor Lund also noted that it is not the State's goal to get rid of unions. Supervisor Langan stated that in other managed care districts there has been success in hiring County employees. He stated that the planning grant is important to hire someone smart enough to take care of labor issues and start up a long-term care district.

Supervisor Evans stated that the district family care model was discussed 2-3 years ago, and he supported it at that time. He continued that he would support the district model vs. private organization model; because potentially Brown County could have better control. However, he also stated that he would prefer a proportional board, but realized that it could affect the working relationship with other counties. He also expressed concern about laying off employees and about whether or not the State would mandate levy dollars in the future.

Motion made by Supervisor LaViolette and seconded by Supervisor Knier to approve NEW Family Care Plan with Equal Representation.
Ayes: Evans, Knier, Langan, Laviolette, Lund.
No: Brunette.
MOTION CARRIED.

Supervisor Knier requested that talking points be developed concerning the difference between FoxComm and NEW Family Care Plan. Mr. Eggebrecht stated that talking points had been developed, but detail on FoxComm comparison would be added. Supervisor Andrews agreed that this would be important. Supervisor Evans requested that Mr. Eggebrecht attend the next County Board Meeting. Executive Hinz stated that this NEW Family Care Plan is totally different from FoxComm. Supervisor Knier suggested that Executive Hinz speak to the situation with FoxComm hiring Brown County staff and then assessing Brown County more money for that expense; she said you may want to briefly discuss the funding and how that would not be an issue.

When asked about the next step of hiring a director, Ms. Kennedy stated that technically one of the counties will have to hire a director; because the consortium has no legal status at this point. She thought it would end up being Shawano County that would hire the people; however, she has a meeting Monday concerning this.

9. Report on Children's Psychiatric Services:

Dr. Denver Johnson stated that he has been employed by the County since 1991. Until 2005 he was Director of Psychology Services at the Brown County Mental Health Center; and for the last 2 years of that time he was Director of the Adolescent Psychiatric Unit. When that unit was closed, he became the Child & Family Support Unit Supervisor under

Community Programs. He currently supervises about 13 workers that serve over 600 children, families, separate units, and those disabled in some way.

Supervisor Evans asked Dr. Johnson his opinion on Bellin assuming the adolescent mental health services and how that is working. Dr. Johnson said that he thinks it is working well in general; there were growing pains at first because of having to coordinate Bellin and the Crisis Center and police their efforts. He continued that an internal team was created under his supervision. He stated that the service provided is to families in crisis, through the schools and referrals. One worker exclusively monitors Chapter 51 commitments and hold-opens. He stated that the system is a well coordinated system at different levels. He said that Bellin has expanded its capacity over the past year; initially there were some adolescents that he felt were turned away, but should not have been. He said there has been a reduction in those numbers; Bellin would not be able to serve every kid all the time, but in general "they take all of our EM1's." He stated that if a child is sent to a state institution now, it is a child that is committed and needs long-term treatment, which Bellin does not provide. He continued that this model (assess-stabilize-refer) is the model throughout the nation. In general, there are very few private institutions that take kids longer than 3-5 days. The idea is that kids are best served in the community; so once they are stabilized and no longer a harm to themselves and others, then they are released to their family and referred to services in the community. He stated that he thinks it has been a good partnership, that it is working well now, and that there is good access to Bellin's internal staff. He stated that there is a regular meeting about every 3 months with Bellin staff to problem-solve.

Supervisor Fewell stated that he was contacted concerning adolescents brought to Bellin for alcohol or drug treatment that were not provided treatment, and one such incident involved a suicide. Dr. Johnson said he spoke with his staff concerning any suicides of adolescents in Brown County during the last 2 years. In 2008 there was a 13-year-old who committed suicide; there was some child protection involvement. It is unclear if there was psychiatric involvement, because the information is available only for those admitted on an emergency basis, not voluntary basis. In 2009 the only adolescent that committed suicide was an 18-year-old, and there is no record that he was treated at Bellin.

Supervisor Fewell asked if adolescents were ending up at the Mental Health Center for treatment for alcohol or drugs. Dr. Johnson stated that Bellin does not take "police custodies," which would be persons who are apprehended and intoxicated; those persons are admitted to the adult psychiatric unit. Supervisor Fewell asked if this was safe; Dr. Johnson said it can be safe if proper staff is provided, although it is not a good

situation. He noted that there is not dedicated children staff nor dedicated space away from the adults for these adolescents.

Supervisor Fewell questioned Brown County's liability, to which Dr. Johnson referred him to the Nurse Director. When Supervisor Knier asked how services were being paid for, Dr. Johnson said it could be self-pay, insurance, or Medical Assistance.

Dr. Johnson said several years ago, the possibility of expanding the Adolescent Unit was discussed; the State opposed using some of the space and staff at the adult unit. He stated that now there is a situation where adolescents are on the unit, and any boundaries or barriers put around them for safety are probably tenuous.

Supervisor Lund suggested that just like Brown County made an agreement with Bellin, Brown County needs to enter into an agreement with someone who does detox; so adolescents are not on the psychiatric unit. Dr. Johnson stated that Bellin does take adolescents who are intoxicated if they come in on an emergency detention. He stated that Bellin does not have a long-term (typically about 1 month) AODA treatment program nor treatment programs for other disorders long-term, because there would need to be high usage to support the program. Dr. Johnson said that typically when someone comes off of intoxication they go through an assessment, and it does not always mean the person needs long-term treatment.

Dr. Johnson also stated that some 18-year-olds (who are still going to high school and are, therefore, not considered adults) have not been treated by Bellin because of space issues. He said he does not know the details of this, but felt there was not the same kind of risk involved in these situations.

Supervisor LaViolette stated that she would like an update in 3 months and asked if Dr. Johnson saw any possibilities of resolving this through the new Mental Health Center facility. Dr. Johnson referred to the Director of the Adult Unit. Supervisor Knier stated that she thinks "we need to ask that question."

Motion made by Supervisor Lund and seconded by Supervisor Fewell to receive and place on file. MOTION APPROVED UNANIMOUSLY.

Mr. Eggebrecht said that for the record he wanted to say that when the Adolescent Unit closed at the Mental Health Center, he thinks one of the best things Brown County did was re-deploy Dr. Johnson and his staff at the Community Service. He stated that he thinks this resource has really

made the Bellin relationship work; Bellin has a lot of confidence in Dr. Johnson and his staff; and this has promoted the cooperation received. So Mr. Eggebrecht said he wanted to acknowledge Dr. Johnson for his help with that.

10. Support for Prescriptive Authority for Psychologists:

Motion made by Supervisor Fewell and seconded by Supervisor Langan to approve. MOTION APPROVED UNANIMOUSLY.

11. RFP For Corporate Adult Family Home:

Motion made by Supervisor LaViolette and seconded by Supervisor Langan to approve. MOTION APPROVED UNANIMOUSLY.

12. Mental Health Center Statistics (April, 2009):

Motion made by Supervisor Fewell and seconded by Supervisor LaViolette to receive and place on file. MOTION APPROVED UNANIMOUSLY.

13. Bellin Psychiatric Monthly Report (April, 2009):

Motion made by Supervisor Fewell and seconded by Supervisor Lund to receive and place on file. MOTION APPROVED UNANIMOUSLY.

14. Approval for New Non-Continuous Vendor:

Motion made by Supervisor Fewell and seconded by Supervisor Lund to approve. MOTION APPROVED UNANIMOUSLY.

15. Request for New Vendor Contract:

Motion made by Supervisor Fewell and seconded by Supervisor Lund to approve. MOTION APPROVED UNANIMOUSLY.

16. Monthly Contract Update:

Motion made by Supervisor Fewell and seconded by Supervisor Lund to receive and place on file. MOTION APPROVED UNANIMOUSLY.

17. Resolution re: Change in Table of Organization Human Services:

Motion made by Supervisor LaViolette and seconded by Supervisor Lund to approve. MOTION APPROVED UNANIMOUSLY.

18. Financial Report for Community Programs:

Motion made by Supervisor Fewell and seconded by Supervisor Brunette to receive and place on file. MOTION APPROVED UNANIMOUSLY.

19. Financial Report for Mental Health Center:

Motion made by Supervisor LaViolette and seconded by Supervisor Lund to receive and place on file. MOTION APPROVED UNANIMOUSLY.

20. WCHSA Minutes – April 2, 2009:

Motion made by Supervisor Brunette and seconded by Supervisor LaViolette to receive and place on file. MOTION APPROVED UNANIMOUSLY.

21. Director's Report:

Mr. Eggebrecht introduced Mary Johnson as the Interim Inpatient Services Director.

Mr. Eggebrecht stated that Brown County is working on an electronic records management system for the Mental Health Center.

Mr. Eggebrecht also stated that Kevin Brennan, Child Welfare Supervisor, asked that the Committee be given copies of the magazine "Moms Like Me," wherein Brown County's foster care service is highlighted and some staff quoted.

Motion made by Supervisor Lund and seconded by Supervisor Knier to receive and place on file. MOTION APPROVED UNANIMOUSLY.

Veterans Dept.: None.

Other:

22. Audit of Bills:

Motion made by Supervisor Lund and seconded by Supervisor LaViolette to pay. MOTION APPROVED UNANIMOUSLY.

Motion made by Supervisor Lund and seconded by Supervisor Brunette to adjourn at 8:04 p.m. MOTION APPROVED UNANIMOUSLY.

Respectfully submitted,

Lisa M. Alexander
Recording Secretary

**BROWN COUNTY HEALTH DEPARTMENT
NOVEL H1N1 INFLUENZA A UPDATE
5-27-09**

Overview

Brown County Health Department, De Pere Health Department and Oneida Community Health in coordination with our many health and responder partners, have been activating our joint Pandemic Influenza and Community Containment Plan to respond to the Novel H1N1 Influenza A outbreak.

Goals

- 1) To reduce transmission and severity of H1N1 Influenza
- 2) To provide information and assistance to health care providers, responders, public officials, organizations, schools, businesses, and the general public to help them take appropriate actions to protect themselves and others.

Case Identification/ Management

	Brown County Health Department	De Pere Health Department	Oneida Community Health	Total
Confirmed	7	9	0	16
Pending/ Suspects	5	2	0	7
Negative	213	24	4	241
Total Tests	225	30 35	4	264

A total of 16 confirmed cases have been identified in Brown County since May 5. Most of the cases were young adults.

While Wisconsin was listed as having the second-highest number of confirmed cases in the nation, it was not felt by state officials that Wisconsin was one of the "epicenters", but instead the high case numbers had more to do with increased testing and the number of testing labs in the state (WI has 4 labs capable of doing some testing).

So far, all cases are recovered/ recovering as expected, similar to most cases nation-wide and what is experienced with seasonal influenza.

Wisconsin now has 1,130 confirmed cases of H1N1 influenza A virus and no deaths. In the U.S., there are now 6,552 cases of H1N1 flu infection confirmed, and 9 deaths. The H1N1 flu has been reported in 48 states.

In the last state Situation Report on May 14, the state summarized cases statewide as follows: 75% of cases were under 20 years of age, 1% were 60 years and older, 51% were females, and there was a 2.5% hospitalization rate which was lower so far than seasonal influenza (at about 4%).

It should be noted that as of May 11, recommendations for testing have ramped down to those with severe illness, those ill enough to be hospitalized, healthcare workers who have influenza-like illness, and residents of residential facilities. Eventually, the process of testing is expected to be moving to a system similar to seasonal influenza, which is not on a case-by-case basis, but includes routine screening at certain healthcare locations (sentinel providers) across the state with aggregate reports of "influenza-like-illness activity".

Treatment has also become more focused on those at greatest risk of complications of influenza. Even systems for reporting suspects to health departments are ramping down and focused on criteria.

Guidelines continue to recommend no closure of schools or daycares with confirmed cases, unless there are special circumstances, such as many cases among students and teachers. The focus instead is on isolation of the ill child/staff person and emphasis on infection control in the school setting (hand washing, covering coughs and exclusion for fever/ cold-like symptoms).

It is predicted that the outbreak will diminish during the summer. There are concerns that the virus may evolve and mutate, possibly worsening with an anticipated resurgence in the fall/winter. It is yet being explored whether a vaccine will be available in the fall; it is expected that if there is a vaccine, 2 doses will be needed specific for Novel H1N1 Influenza A in addition to the seasonal influenza vaccine.

Public Health Role

- Public health investigates all confirmed cases, monitoring recovery and continued isolation, and following-up on contacts and potential exposure settings.
- Updated or new state and federal guidance continue to be shared with health care providers (hospitals, clinics, school nurses, college nurses, physicians, jail and correctional nurses, etc); initially, revisions came out several times per day but now occur on a weekly basis. One regularly-scheduled meeting with these health care providers occurred during the outbreak.
- During the first week of the outbreak, individual interviews were held with various media venues until it became too time-consuming, at which time the public health agencies switched to the press conference approach. Public health agencies have held a total of 7 press conferences throughout the period of the outbreak—in addition to one held jointly between De Pere Health Department and St. Norbert College and another held by the Green Bay Area School District with Brown County Health Department's participation. A standardized update form was shared with the media at these press conferences.
- An initial planning meeting scheduled by the Brown County Executive and the Mayor of Green Bay, led to a meeting and 2 teleconferences with community stakeholders, who were predominantly first responders plus other organizations affected such as school personnel, human services, Chamber of Commerce, etc. These stakeholder meetings were hosted by Emergency Management and public health agencies.
- Special outreach included sharing of translated information to the Hispanic population and targeted information to the faith community.
- Websites have been maintained with key information and updated daily with case activity counts.
- Two new, secure, web-based electronic systems were also utilized during the outbreak. One was the Wisconsin Electronic Disease Surveillance System (WEDSS), which was used by the state to report test results and submit case report forms completed by public health. A second system was E-Sponder, which is a website that can be used for posting information, discussion boards, and listing inventories of available personal protective equipment. E-Sponder is used primarily by the responder community; registrants must be approved by the administrator, who is Cullen Peltier, the Emergency Management Director, in our area.
- Additionally, broadcast fax systems were used to send letters to schools re management of students and staff who were symptomatic.
- Health care providers and the state have been accessing Brown County and De Pere agencies after hours via our answering service throughout this event. Oneida Community Health Service has its own after-hours system.
- Local public health agencies statewide also participated in 3 x weekly teleconferences with the state, and followed press briefings between the CDC and the media to keep updated.